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THE DISEASES OF AMERICA.[1]

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It is wonderful that during this whole war [1775–1783] no contagious fevers have spread among the troops. Different varieties of them have of course been seen in the hospitals; where the latter have been crowded, continued fevers have often absorbed all the poison of the contagious ones and been converted into such, yet they have never spread outside the hospitals, but have been soon arrested by the removal of a part of the patients. With respect to the dysentery I cannot recall that it has ever been especially contagious. The young girls and children of this country, whose chief delicacies are unripe and sour apples, especially when baked and served with milk, make evident the insignificant rôle played by unripe fruit in the production of these diseases. Our men suffered principally from dysentery during the first summer and autumn after our arrival; this was, however, to be ascribed more to general causes than to contagion.

The winter is also accompanied by the host of inflammatory affections, and especially those of the chest, which are its attendants everywhere. Quite recently the physicians had scarcely anything to do throughout the whole winter. Fur garments and stoves are but little used by the inhabitants of the country, with the exception of the Germans; one source of hibernal diseases is consequently cut off. The troops, owing to their service and to the absence of the comforts of civilization, are more exposed to the inclemencies of the winter and feel its severities more keenly. Damp quarters and the scarcity of vegetables toward the end of winter give rise, in addition, to isolated cases of scurvy[2] in the army; Seyboth's regiment in 1779 suffered more from scurvy in Rhod-Eyland than any other in the army has ever done. Two forms of disease, which are common in England and other parts of Europe, but not in our fatherland, so far as I can remember, also occur here: *croup* (angina membranosa), which consists of a membranous skin lining the air passages and recognized chiefly by a high cooing tone during inspiration; and the *mumps*, which is a swelling of the glands in the neck and of the testicles. Both are principally confined to children, and the latter seems almost to belong to the contagious diseases; at any rate, a whole school of boys has often been attacked by it.

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[1] Continued from page 724.

[2] "During our sojourn in this place (Long Island) I often saw people buried up to their necks in the earth; for in this manner they cure the scurvy." (Riedesel.)

Two other of the popular medical superstitions of the day are recorded by this charming writer: "It is said that the smoke made by burning cedar is very injurious to the nerves; so much so as to cause women with child to bring forth prematurely." (Riedesel, page 115.)

"Maple sugar has only one fault, that it is too brown; otherwise it is right good, especially for diseases of the breast." (Riedesel, page 193.)

I have made a point of opening the bodies of those who have died in our hospital, when time, place, and circumstances have allowed. This calls to my mind one point which seems to me quite remarkable. In at least two thirds of the autopsies we have found large or small clots in the cavities of the heart and the large vessels; they are white and of a thick, viscid consistency, like the fibrinous coat on the blood in inflammations, or like the inorganic gelatinous membranes which I have often seen covering the surface of the lungs and other internal organs after inflammations. In all these cases there was good reason to think that their formation was of remote date, though in many instances there had been no symptoms pointing to such an affection. I cannot recall having seen or heard of so frequent an occurrence of clots in the various anatomical schools which I have attended. If it is true that they are less often noticed elsewhere, I can discover no more common cause to explain this fact than the greater consumption of spirituous liquors to which our men are here addicted. A quart of rum is given to a man in seven days, but the majority take twice as much in that time,[1] and the injurious effects of intemperance are often manifested by intestinal derangements, slow fever, general loss of strength, with which train of symptoms many depart from this world. Rum and water, under the name of "grog," is the universal drink in America; it is deemed the healthiest and best of beverages, and really is of use in the warm seasons of the year, when the strength of the whole body and especially of the digestive organs is greatly impaired. While the army is on the march, the men are constantly seen mixing their rations of rum with the drinking water, whereby not only does the latter lose a part of its chilliness, but a more invigorating effect is produced, and many troubles averted which might come from the inordinate use of the former. But it happens here as everywhere else that the lovers of rum are wont to extol its merits not in hot weather alone, but also in cold, in moist, in foggy, and so on throughout the year.

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[1] A letter of August 2, 1775, says: "It is not to be wondered that the fatigue of duty, bad accommodation, and the use of too much spirits should produce fevers in the camp. The soldiers cannot be kept from rum; sixpence will buy a quart of West India rum, and a fourpence is the price of a quart of this country rum." (History of the Siege of Boston, by Richard Frothingham, Jr.)

"Camp near Ticonderoga, July 5, 1777. In consideration of the heat of the weather and the alacrity with which the men have worked, a refreshment of rum will be given to the whole army, at the rate of O½ a man." (Burgoyne's Orderly Book, Albany, 1860.)

The rations [1] that are given to the troops in the British service in North America are, as is the pay, better than in any other service. One man receives in seven days, or seven men receive in one day, eight pounds of beef, four pounds of salt pork or six pounds of boiled beef, three pints of peas, half a pint of rice, six ounces of butter, nine and one half gills of rum (eight gills make a quart), and during the summer months one quart of thin beer, brewed from the cones of a species of pine, and called spruce-beer.[2] This seems to be one of the best possible rations for troops. At any rate, as I have already said, nothing is heard among the troops here of the common contagious diseases, about which physicians with other armies, especially during the last war in Europe, have talked so much.[3] Despite all that has been said about the injurious effect of pork, — which may have been the reason of its having been forbidden by the Mosaic law, — in this army, notwithstanding the constant consumption of salt pork, no ill effects have been observed, and moreover scarcely anything is known of the common skin diseases which used to be laid to its account; when affections of the skin have occurred, they have invariably been produced and kept up by a neglect of external cleanliness. The troops prefer salt pork to boiled beef, or even fresh meat, and soon tire of the latter especially. Fevers with eruptions are rare, at least in the army. In nearly four years I have had but two patients with eruptions like the purples. Small-pox loses much of its attendant horror and danger from the general inoculations.[4] As there are always some cases of small-pox in New York,

[1] In September, 1776, the ration in the American army was "one pound of beef or pork, one pound of bread or flour a day, a small quantity of vegetables, when to be had, one gill of rum or whisky a day; a small quantity of vinegar, salt, soap, and candles a week. (Thacher.)

[2] "After May, the troops received so-called English small or table beer, one quart a day to each man. 'It was,' writes a German soldier, 'made from wood, herbs, and molasses, *i. e.*, boiled syrup, tastes quite sweet, is healthy, good to drink, and resembles our wood-tea or Brust-trank.' The Germans therefore called it Brust-bier, because it tasted like Brust-thee." (Eelking, Die Deutschen Hülfstruppen, page 169.)

[3] "The hospitals (in America) were most excellent, so that in spite of the severity of the climate, no such ravaging plagues prevailed as we have seen in the subsequent wars." (Von Ochs.)

Von Ochs was adjutant of the Hessian Colonel von Würtemberg, who commanded the British advance posts at Kingsbridge. This colonel received news from a French lady that the French under Rochambeau, together with the American army, really intended to capture Cornwallis, and not to make the descent upon Staten Island. General Clinton, however, gave no credence to the story. Vide Von Ochs, l. c., page 57.

[4] Inoculation with small-pox matter was introduced into Boston, at the instance of Cotton Mather, by Zabdiel Boylston in 1720, "who began to inoculate at the risk, not only of his practice, but even of his life. The friends and enemies of the practice filled the newspapers of the day with arguments for and against it. The whole of the influence which the learning and piety of the New England clergy has always given them was exerted; and the

partly in the natural and partly in the modified form, it has gradually become the custom to inoculate all the prisoners and renegades who come here and have not had the disease, and that, too, without respect to age or season. There are very few instances, I might almost say none, of any ill effect from inoculation. I have heard trustworthy people assert that they have not lost one out of three thousand or four thousand individuals whom they have inoculated. I was an eye-witness of the following event: More than three hundred prisoners who took the small-pox last winter were confined in a sugar-house without other beds than woolen blankets upon the hard floor, without other diet than the above-mentioned rations, without treatment other than a few cathartics; yet all recovered in the most favorable manner. If there were no other advantages attending inoculation, the relief from the habitual dread of catching the disease would be reason enough for continuing its practice.

There are very few people in Rhod-Eyland who have had the small-pox. In deference to the sentiments of the greater part of the old inhabitants, who dread inoculation quite as much as infection, and in part owing to the obstinacy of several influential families, the greatest efforts are constantly made to avert any possibility of contagion. To prevent the dissemination of the poison, it has for many years been the custom to send those really affected, or supposed to be affected, with small-pox, to a small eyland that lies near Rhod-Eyland. In order to propitiate the inhabitants, inoculation was repeatedly forbidden while the royal troops were there; since we have left, every wagon that arrives from this city is anxiously searched. On the other hand, the inhabitants

whole of it was necessary to induce his hearers to consent to inoculation. The practice by degrees extended from New England to New York and Philadelphia, and finally to Charleston, where it was partially adopted in 1738, and afterwards became general in 1760." (A Review of the Improvements, Progress, and State of Medicine in the XVIIIth Century. David Ramsay, M. D. Charleston. 1800.) Small-pox was rife in Boston during the occupancy of the British troops (1776). On July 3d orders were given for a general inoculation of the inhabitants and troops. General Washington was inoculated in New York on June 27, 1776.

(Solomon Drowne, M. D., of Rhode Island, to Miss Sally Drowne.)

"Gen. Hosp., N. Y., *July* 13, 1776.

"I am glad our Assembly have allowed of Inoculation, and hope you and Brother Bill will not defer receiving that disease (y^e S. Pox) which taken by chance have proved the Bain of tens of Thousands; when it comes so near you, cloathed in gentleness, — all its Terribleness cast aside." (New York during the American Revolution.)

The New York Packet for June 27, 1776, has the following item: "Williamsburg, Virginia, June 15. We learn from Gloucester that Lord Dunmore has erected hospitals on Guyon's Island; and that his friend Andrew Sprawle is dead, and that they are inoculating blacks for the small-pox. His Lordship, before the departure of the fleet from Norfolk Harbor, had two of these wretches inoculated and sent ashore, in order to spread the infection, but it was happily prevented."

In December, 1779, Mrs. General Riedesel took her children to the country-seat of General Clinton, near New York, for the purpose of having them inoculated. "Carolina lost her whooping-cough, but immediately after it came back and lasted a whole year." (Riedesel.)

scarcely dare to leave the eyland, but if they must come here, they are forced to submit to inoculation, in order to escape infection. The treatment of the patients on the little eyland, which is consequently called Bladder-Eyland, is not the most careful. The eyland is only separated from the main land by a channel about fifty paces wide. No one ventures to cross as long as there are patients there. The means of subsistence are laid upon the shore, where they are sought by the man who is appointed to look after the sick. A physician rarely, if ever, crosses to the eyland, as he would not be allowed to visit any of his other patients subsequently, for fear lest he should transmit the contagion. When he must cross in spite of the risk, he visits the eyland in a complete suit of oil-silk, which is quite enough to excite alarm in the young or weak patients. As a rule, however, he inquires after the sufferers from this side of the channel, and prescribes at that distance.[1]

Most new-comers to this country have to pay tribute to the climate by some indisposition or other, especially if they land during the hot season of the year. Our troops arrived here in July. From that time till October most of our men were, one after another, in the hospitals of New York, or in the regimental hospitals on Staaten-Eyland or at Harlem; there were very few who escaped without an attack of dysentery or fever. During the first twelve months we lost many men, but during the next twelve months barely thirty, and now, as a rule, hardly more than we lose in our fatherland. A sound European constitution soon accustoms itself to all the inclemencies of the climate, so that most of the patients in the hospitals are usually recruits. One fact is worthy of mention in this connection, which perhaps testifies as forcibly as anything can to the need of acclimatization, and is moreover universally admitted to be true. In a new-comer, almost every bite of the mosquito (culex pipiens, L.) produces a boil during the first year after his arrival, but fails to have this effect in the subsequent years.[2]

The contrast between military and civil practice is very great. In the former the command "You must take this or that; you must be healthy" is often supreme. Death, to be sure, often refuses obedience, but for a long time he has treated us with indulgence. Just as hypochondria blunts our senses in time of peace (in war its mark is worth nothing), so does a tumult sometimes render us indisposed to serious study; no one, however, would wish to, or could, remain indifferent to fortunate or unfortunate, to political or warlike events in which his interests were at all involved.

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[1] Dr. Jenner vaccinated his first patient in 1796. This practice was introduced into America in the same year by Dr. James Jackson and Dr. Waterhouse.

[2] It is strange that the protection afforded by inoculation of various animal poisons, especially as illustrated by the effect of mosquito bites upon recent immigrants to this country, should have escaped comment for nearly a century, until attention was called to it by Dr. J. C. White in the Boston Medical and Surgical Journal for November 9, 1871.

When in London during the spring of 1873, I heard that one of the great hotels was infested by mosquitoes, and that the effect of the bites was so dreadful as to drive most of the English guests from the house. As mosquitoes had never before been seen in England, and had not appeared in any other quarter of the city, it was presumed that the insects were introduced by some American in his luggage. It would be interesting to have a report of this invasion from some medical man in London.

P. S. January 20, 1781. The departure of several returning invalids has been delayed until now, and I have had no opportunity of forwarding the letter sooner. This winter is precisely the reverse of the last; it almost seems to me as though Heaven wished to give us during our stay a sample of all the marvelous peculiarities of the climate, and then perhaps to send us home in peace. The summer of 1779 was unusually moist and unhealthy; it was followed by an exceptionally cold winter, and this succeeded by a burning hot summer. The present winter has been so mild that I have not seen the thermometer below the freezing point of Fahrenheit more than three times; it has commonly stood between 40° and 60°. We have had but few fires, and have often dined with open windows and doors. The grass has remained quite green, and in many spots has even been growing. Instead of snow, of which we had a sample as early as November 1st, we subsequently had rain. We had a Carolina winter. Last night with a northeast wind we had a fall of snow, but it will not lie long. The coming summer will probably be unusually cold in order to complete the list of paradoxes.

NEW YORK, *February* 18, 1781.

Our winter has remained very mild, though we have had several severe storms this month, and some frosty days. The thermometer has not however as yet been more than six or eight degrees below the freezing point. It may have stood lower during some of the nights. The troops have been very healthy. There are not more than two hundred and fifty patients in the principal hospitals,[1] and to judge from the condition of our men, scarcely one in twenty-four is sick; these affections are trifling, or attack those with feeble and decrepit bodies, as might occur anywhere.

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[1] One of the principal hospitals was the building occupied by King's College, which after the war was revived as Columbia College.

The New York Hospital was organized in 1769, but the foundation was not laid until July 27, 1773; the building was nearly consumed by fire on February 28, 1775. The loss was estimated at £7000, to meet which the legislature granted £4000, but the completion of the edifice was prevented by the war, during which the house was occupied by the English and Hessian soldiers as barracks, and occasionally as a hospital. Vide Historical Sketch of the College of Physicians and Surgeons of the University of the State of New York, New York, 1813; also An Account of the New York Hospital.

A CASE OF METASTASIS OF MUMPS TO THE TESTES AND THE BRAIN.

BY O. B. SHREVE, M. D., OF SALEM.

On the 1st of March I was called to attend a young man, twenty-five years of age, unmarried, by occupation worker in railroad telegraph signals, of large frame, light hair and complexion, and fine muscular development. His previous habits had been good, and he had enjoyed good health up to that time. About three or four months before he fell some thirty feet, but rapidly recovered from the effects of the fall, without any symptoms of concussion of the brain or spine.

The present disease declared itself by the following symptoms and under the following circumstances: Headache, loss of appetite, and moderate amount of fever, slight acceleration of pulse, and swelling of the parotid glands and the tissues in their neighborhood. This condition continued for two days, when my visits were discontinued, and he was advised to remain in the house and keep warm.

This caution was not regarded, as he waded out in the yard in the snow. On the 4th I was again called, and found him in a high fever, with a full, bounding pulse, furred tongue, pupils dilated, pain in head, subsidence of parotid swelling, and turgescence and pain in the testes, with delirium at night. His condition continued about the same until the morning of the 9th, when I found a most decided change for the better; he was perfectly rational, his pulse seventy-two and soft, temperature normal, countenance natural in expression, all parotid swelling having disappeared, small amount of swelling of testes and no tenderness. His condition continued the same until one o'clock the next morning, when he awoke suddenly from sleep with raging delirium, and three or four attendants were required to prevent him from injuring himself. The face and eyes were congested, the pupils contracted, the pulse hard and bounding 120 to the minute. The temperature was high as felt by the hand, the use of the thermometer being impossible on account of the violence of the patient.

These severe attacks were ushered in by a sudden rigidity of all the muscles of the body, and followed by distinct opisthotonos, which was succeeded by violent struggles, during which he attempted to bite, kick, or strike his attendants, and failing in this he gave utterance to the most fearful shrieks. He became so violent and was possessed of such great strength, that it became necessary to confine him by a strait-jacket. Bromide and chloral seemed to have no effect on him, although administered in large doses. On the morning of the 12th the struggles ceased, the pulse became weak, the body was bathed with perspiration, and the patient died comatose.

REPORT ON SURGERY.

BY J. COLLINS WARREN, M. D.

Chloral in Surgery. — Intra-venous injections of hydrate of chloral were first employed to produce anæsthesia during surgical operations by M. Oré, of Bordeaux, early in 1874. Drs. Deneffe and Van Wetter, of the Société de Médecine de Gand, have reported twenty-two cases in the proceedings of that society, in all of which the anæsthetic was successfully employed, no unfavorable results being produced. The solution used consisted of one part chloral to three or four of water. The median basilic vein was punctured without previous incision of skin. Fifteen grains of chloral were injected once a minute for about ten minutes, four to ten grammes of chloral being the amount usually injected.

During this operation no special changes were observed in the patient's condition beyond a slight acceleration of the respiration and an increase in the rapidity of the pulse, which varied in the observations reported from 97 to 132. The patient at first began to talk indistinctly, then gradually fell asleep, and by the time the last dose of chloral had been injected complete anæsthesia had been produced, which lasted for about an hour and was followed by a quiet sleep of several hours. In one or two cases a slight attack of hæmaturia was observed, but no other evil results were noticed. The anæsthetic was employed in several cases operated upon by M. Soupart: an amputation of the arm, the removal of a cancer of the uterus, an operation for the cure of ruptured perinæum, and also in several operations on the eye, in which latter it is said to have acted very favorably, there being no vomiting or period of excitement usual with other anæsthetics. These gentlemen claim a number of advantages for this anæsthetic method over others: —

1. It is as safe and rapid as the surgeon can desire.
2. The dose of the anæsthetic can be graduated with mathematical exactness.
3. The duration of the anæsthesia can also be accurately regulated.
4. There is no vomiting or period of excitement.

Dr. Warloment[1] says the absolute anæsthesia and the sleep which follows the intra-venous injection of chloral are of great advantage in procuring, during the operation for extraction of cataract, a complete immobility and subsequent perfect repose with absence of vomiting.

Twenty-two cases are given in the society reports, and in none were unfavorable symptoms observed, if we except three cases where slight hæmaturia occurred. A later report records eight more cases, the last of which, where the anæsthetic was employed during the operation for cataract of both eyes, proved fatal. Sudden syncope occurred just as the first cataract had been extracted. The electrical machine, which at first restored the pulse and respiration, for some reason failed after a few moments to produce any current. The bad symptoms returned, and the patient died. At the autopsy nothing was found pointing to the method of employing the anæsthetic as productive of fatal consequences.

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[1] Annales d'Oculistique, vols. iii. and iv., 1874.

M. Lande, of Bordeaux, has had a case of death following this method of producing anæsthesia. The case itself, a difficult and bloody ovariotomy, may however have contributed largely to the result.

Chloral has been extensively employed in France during the past eighteen months in the treatment of tetanus. Previous to 1868 M. Verneuil had not seen a case of tetanus cured; since then he has employed chloral and has had five recoveries from this disease, a proportion of two fifths. He has employed it in various ways, by the mouth and also by the rectum. He does not recommend subcutaneous injections, fearing local inflammations. Intra-venous injections should not be tried, he thinks, until other modes of administration have failed. Administered by the mouth it has been found to arrest convulsive action of the muscles if given in small and frequently repeated doses. M. Delsol reports in the *Gazette Hebdomadaire*, 1874, No. 31, four cases treated in this way, with three recoveries.

M. Pugliere reports in the *Lyon Médicale* two cases of tetanus treated by chloral. The first, a man aged fifty-five, was seen by him twelve hours after the first appearance of the disease. There had been no injury of any description. The trunk and inferior extremities were chiefly affected. Eight grammes of chloral were ordered to be taken in eight doses, at intervals at first of half an hour and subsequently at longer intervals. At the fifth dose the spasms ceased, and the following day the patient appeared quiet. Two hours later the symptoms returned, and the following day ten grammes were ordered in divided doses. The next day the patient was reported perfectly comfortable. The symptoms however returned, a quack was summoned, and the patient died. The second case was traumatic in its origin and the symptoms typical; one gramme of chloral ordered every half-hour; at the sixth dose the spasms had diminished greatly. The patient slept for three hours. Chloral was continued in greater or less quantity according to the symptoms. The patient was kept under the influence of chloral for three weeks, during which time he took one hundred and twenty grammes and recovered. M. Pugliere suggests that chloral administered in this manner acts better than either chloroform inhalations or intra-venous injections of chloral, as under these circumstances the chloroform expends its force chiefly upon the brain, whereas chloral which has been administered by the stomach after it reaches the circulation sets free chloroform, which thus acts upon the entire nervous system. M. Ribell reports in the *Bulletin et Mémoires de la Société de Chirurgie de Paris*, No. 2, a case of tetanus, following metrorrhagia with purpura hæmorrhagica and vaginal diphtheritis, treated successfully by hypodermic injections of chloral. This occurred two months after a confinement. On the fourth day tetanus appeared. One gramme chloral was given by the mouth every half-hour. At the sixth dose the spasms ceased and the patient slept. The symptoms returned on awakening. The next two days the same treatment. On the following day two grammes were injected subcutaneously at the sides of the neck, at nine o'clock. At ten, injection repeated; also at eleven, twelve, one, and two o'clock. At the fifth injection the patient fell asleep and slept nine hours. The next day a slight return of symptoms, which were controlled by an injection. In all, fourteen grammes of chloral were injected.

M. Oré reports a case in the *Gazette Hebdomadaire*, March 13, 1874, treated successfully by intra-venous injections of chloral. Three injections of ten grammes, repeated at intervals of twenty-four hours, produced perfect quiet and relief from pain.

M. Lannelangue reports in the *Gazette des Hopitaux*, October 27, 1874, a case of traumatic tetanus, unsuccessfully treated by intra-venous injections of chloral. The autopsy revealed clots in the veins extending some distance above the points of injection, and in the right side of the heart, entering also into the pulmonary artery. The lungs were found strongly congested at the base and towards their posterior parts.

M. Cruveilhier reports a case in the same journal, April 10, 1874. A mechanic aged thirty-four entered hospital with a crushed hand. On the 18th, symptoms of spasms of muscles of face and throat, followed on the 20th, in spite of morphine given subcutaneously, by opisthotonos. On the 21st, nine grammes of chloral were prepared in ten grammes of water, and three grammes of chloral from this solution were injected into the vein of the elbow. In fifteen minutes the patient was asleep, and slept a few hours; three hours after awaking he was in the same condition as in the morning. On the 22d, five grammes injected, followed by several hours' sleep. 23d, three grammes. 24th, no improvement; five grammes injected through an opening in a vein at elbow made by the lancet. 25th, enema of four grammes chloral, with relief; the dose was repeated in the evening. 26th, the patient slept during the night. The report says much weakened, much thirst; nine grammes injected into the saphenous vein behind the malleolus. The patient felt a painful sensation all over the body at this moment, but immediately fell asleep and never awoke, dying the following day. At the autopsy, an abscess was found at the vein first punctured in the elbow. Some sloughs, and the wall of the vein gangrenous. All the other veins punctured were slightly thickened, the inner wall roughened, and contained clots. There was injection of the vessels about the cord and nervous centres.

M. Labbé treated a case of tetanus, reported in the same journal, by intra-venous injections of the same solution of chloral, giving gradually during sixteen minutes ten grammes of chloral, which relieved the convulsions, and produced sleep for six hours. The symptoms returning, the patient died at the end of twelve hours. There were no clots in the veins.

Experiments on animals show chloral to be an antidote to strychnine. Rajewsky shows[1] chloral to be an antidote to strychnine in rabbits, both preventing and curing tetanus. This action of chloral has been repeatedly demonstrated experimentally.

Dr. Will reports, in the *Edinburgh Medical Journal* for April, a case of strychnine poisoning cured by chloral administered hypodermically and by the mouth. Five or six grains of strychnine had been taken. The patient was nearly moribund, when thirty grains of chloral were given by the mouth, followed shortly after by a hypodermic injection of the same amount. These doses were repeated later in the day, and the following morning the patient was convalescent.

Dr. Charteris, of Glasgow, reports a similar case of poisoning in the *Lancet* of April 10th, cured by chloral administered by the mouth.

These cases serve to illustrate the various methods of employing this agent. In grave cases, like tetanus and strychnine poisoning, the hypodermic would appear to be an advantageous method of giving chloral, being easily administered, rapid in its action, and rarely, if we may judge from cases reported, producing local inflammation. In tetanus, administration by the mouth or rectum would be either difficult or likely to bring on convulsions. Intra-venous injections of chloral might be resorted to if other modes of administration failed to produced the desired effect. It is hardly necessary to add that its employment in this manner as an anæsthetic in surgical operations would hardly be considered justifiable.

Parenchymatous Injections of Carbolic Acid. — Hüter's method of parenchymatous injections of carbolic acid into inflamed tissues is illustrated by extracts from his paper on this subject, given in the *Centralblatt für medicinischen Wissenschaften*, 1875, 14. In chronic inflammation of the joints, — white swelling, for instance, — in case the treatment was fully carried out, there was an improvement in the function of the joint sufficient to permit locomotion, together with subsidence of swelling and pain, and in no case was there any injury done by treatment, no suppuration or formation of fistulæ. In caries of the bones resulting in softening of the bone without formation of fistulous openings, the needle was thrust through the cortical substance and the injections made into the medullary cavity were followed by a subsidence of the inflammatory processes. These injections were continued so long as the cortical layer was soft enough to permit the needle to penetrate into the medullary cavity. This treatment employed in caries of the tarsus effected a closing of many fistulous openings, diminution of the discharge from those that remained, together with diminution of the swelling of the foot and diseased bones, cessation of pain, decided improvement in the general condition of the patient, and a restoration of function to the part. Cavities with serous and synovial exudations were treated in this way; six cases of hydrocele are mentioned, also three of housemaid's knee and one of miner's elbow. It was found necessary to empty the sacs before injecting, to prevent any coagulation. In the case of hydrocele, five to seven grammes of a two per cent. aqueous solution were injected; there was no pain or inflammatory swelling following the treatment. The solution generally used was of two per cent. strength. In injections into connective tissue or the cavities of joints, two grammes was the maximum amount used. For a full account of Hüter's method the reader is referred to the *Deutsche Zeitschrift für Chirurgie*, part iv., 1874.

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[1] Centralblatt, 1870, pages 211 and 225.

Dr. Hirschberg describes in the *Berliner klinische Wochenschrift*, No. 48, 1874, a case of erysipelas treated by Hüter's method, which he considers most effective in arresting the progress of the disease. A butcher fell upon his knife, and on examination a few hours later a horizontal cut was found just above the elbow-joint, about five inches in length. The knife had penetrated into the muscles. There had been considerable venous hæmorrhage, and the patient complained of pain above the seat of the wound, where there appeared to be a considerable effusion of blood. Six sutures were taken. On the evening of the second day erysipelas had set in with considerable pain, and had already reached the middle of the arm. The borders of the wound for a breadth of three inches were of a dark red color. Suppuration appeared inevitable. Dr. Hirschberg injected with a subcutaneous syringe a two per cent. solution of carbolic acid under the skin at the upper border of the erysipelas; on the following morning the erysipelas had entirely disappeared, although the dark red color of the edges of the wound still remained. During the three following days five injections of the same fluid were made. Beyond a stinging pain of a few hours' duration at the point of puncture, there was no special disturbance caused by the injections. On the fifth day the sutures were removed and the wound had healed except in one superficial spot. In the opinion of the reporter of this case not only had erysipelas but also suppuration been prevented by the treatment.

Dr. Stukowenkoff[1] employed injections of carbolic acid in sixteen cases of erysipelas in the Military Hospital at Moskau. Various parts of the body were affected. The treatment began on second to the fourth day. Beginning later or earlier seemed to have no perceptible influence on the duration of the disease. The injections did not prevent the spreading of the disease on the skin. The cases, however, terminated favorably. If several injections were made into an inflamed spot, considerable diminution of pain and redness followed. The process seemed to be shortened and the fever diminished in those cases in which the acid affected the system, — and this occurred also when the injections were made at some distance from the affected part.

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[1] Centralblatt für Chirurgie, No. 9, 1875.

Dr. E. Y. Munsell, of Rockport, Mo., reports in the *Medical and Surgical Reporter*, April 17, 1875, two cases of erysipelas in which the cause of the disease appeared to be arrested by subcutaneous injections of a one per cent. solution of carbolic acid.

Treatment of Lymphosarcoma by Arsenic. — Dr. Tholen reports in the *Archives für clinische Chirurgie*, vol. xvii., four cases of lymphosarcoma treated by arsenic in the manner previously employed by Billroth in two cases. The first case was of three months' duration. The tumor, originating from near the angle of the lower jaw, grew forwards towards the skin, and up on the side of the mouth, so as to interfere with the movements of the jaw. The diagnosis in this case was somewhat doubtful; a small piece removed suggested epthelial cancer. Treatment was begun at the end of May and continued until November. From three to five drops of Fowler's solution were given, on an average, daily, and about twelve injections of ten drops at a time were made into the tumor during the month. The tumor entirely disappeared, and two years later there was no return of the disease. The second case was a malignant lymphosarcoma of the cervical glands and tonsil. Lymphatic glands elsewhere enlarged. After five months of a similar treatment the neck had nearly recovered its normal contour. In the third case a large bunch of glands in the supra-clavicular and axillary region yielded to the arsenic at the end of two weeks, and subsequently disappeared entirely. In this case the patient died two months later, not, however, from this disease. In the fourth case the patient was seen too late to carry out the treatment. These cases the author thinks confirm, so far as they go, the views of the ancients in regard to the action of arsenic in malignant disease. This remedy would seem to be more effective in that form which more nearly resembles the inflammatory processes. It is to be used with the greatest caution; the condition of the tumor being carefully watched. The parenchymatous injections are, in the writer's opinion, more suited to carcinoma. Benign lymphatic tumors of the neck treated in this way were not altered.

Rose's Method in Operations upon the Jaws. — Dr. Burow, of Königsberg,[1] publishes two cases of operations on the jaw, in which he employed Rose's method of placing the head so as to prevent the blood passing into the trachea or pharynx, thus avoiding the necessity of performing tracheotomy, which is itself an important operation, and is, of course, liable to its own mishaps.

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[1] Berliner klinische Wochenschrift, February, 1875.

Rose proceeds as follows: The patient is to be placed with his head in such a position that all danger which may occur from blood being in the mouth during deep anæsthesia may be prevented. He should be anæsthetized lying on his back, if possible; then the cushion under the back being removed, so much of his body should be drawn over the edge of the operating table that his head should hang down, with the crown vertical, in which position it should be fixed by a trustworthy assistant kneeling at the side. The operator sits (or stands) in front of the patient, consequently he has to invert all his incisions (*i. e.*, make them from chin to vertex), and the blood thus flows out partly through the mouth, but the greater part of it by the choanæ and nose.

The operations for which Rose has generally employed or has proposed this proceeding, are resection of the upper jaw, uranoplastics, rhinoplastics, laryngotomy, tonsillotomy in children, and hare-lip cases, the latter without an anæsthetic, so as to prevent the swallowing of blood and the resulting disturbance of the digestion.

Rose has kept patients sixty-five years of age from two to three hours in this position under anæsthesia without unfavorable symptoms presenting themselves. There was evidence of obstructed venous circulation, and the head became decidedly swollen. Bleeding was freer than in the usual position, but the operation was much more quickly performed.

ANNUAL MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.

June 8th. — The meeting was called to order by Dr. Cotting, the president, who then resigned the chair to the vice-president, Dr. Sargent, of Worcester. A paper on the Treatment of Typhoid Fever by Cold Water was read by Dr. R. T. Edes, who declared himself a firm believer in the efficacy of the treatment. Dr. George E. Francis, of Worcester, read an excellent paper on the Obstetric Forceps as a Time-Saver; his remarks on the duties of the physician to mother and child were very eloquent. A paper on the Microscopy of the Urine was read by Dr. George H. Pillsbury, of Lowell, after which the meeting adjourned till the afternoon.

At three o'clock Dr. Leonard Wheeler, of Worcester, presented the latest views on the Inner Surface of the Uterus after Parturition, and Dr. F. W. Russell, of Winchendon, read a very long paper on Alcohol in some of its Pathological and Social Relations. In the evening Dr. C. J. Blake made some interesting remarks on a New Use of the Membrana Tympani, which were finely illustrated by figures projected on a screen by the oxyhydrogen light.

At the meeting of the council the president and vice-president were reëlected. Dr. Minot resigned the office of treasurer, and Dr. Draper was chosen to fill his place, Dr. Goss being made secretary. The committee of arrangements remains unchanged. That for procuring scientific papers consists of Drs. Williams, Ellis, and Wigglesworth, of Boston, Dr. Stebbins, of Springfield, and Dr. Paddock, of Pittsfield. Dr. P. L. B. Stickney, of Springfield, was chosen orator, and Dr. John H. Mackie, of New Bedford, anniversary chairman.

JUNE 9TH. — The regular business of the society was quickly transacted, and presented nothing of interest. Dr. Ira Russell, of Winchendon, read a paper on the expediency of establishing State Inebriate Asylums. He earnestly advocated the fitness and usefulness of such institutions on the ground that inebriety is a disease, and as such ought not to be punished, but treated rationally, with a view to recovery. He urged the founding of several asylums in the State, so that chronic alcoholism could be classified and graded for proper treatment. The writer proposed the passage of a resolution by the society favoring State inebriate asylums.

Dr. Pliny Earle, of Northampton, heartily favored the views contained in Dr. Russell's paper. Inebriates, he said, are not proper subjects for treatment in an insane asylum, because of their relation to the law of the commonwealth, and because of the difficulties in the way of their management when associated with insane patients. The statutes recognize the subjects of delirium tremens as those only who can be held guiltless of crime on the plea of mental alienation, and technically these patients, while under the excitement of *mania a potu*, can be committed under the law to insane asylums for treatment; but the attack is transitory, and when it has passed, the patient, according to legal limitations, is no longer insane, and cannot be held as such. Thus the insane asylum does not offer anything but a temporary care of the inebriate. But it is not desirable, even if the law permitted it, that inebriates and the insane should be treated in the same institution, because experience has shown that such an association of the two classes works great mischief to the discipline and administration of a hospital, taxing the patience of the attendant and injuring the *morale* of the whole establishment.

On every ground, therefore, Dr. Earle advocated the establishment of independent inebriate hospitals, but without classification of patients on any basis except the degree and kind of the inebriety from which the patient suffered.

Dr. Tyler, of Boston, said the subject was surrounded with difficulties, but his feeling was that it was very necessary to establish special institutions for the care of inebriates. There are recoveries enough on record to stimulate the profession to make every endeavor for the rational treatment of this unfortunate class. He corroborated Dr. Earle's opinion that the treatment of inebriates in connection with insane subjects was impracticable.

Dr. Millet, of Bridgewater, took a view of the subject radically different from those of the previous speakers. He said he was not yet convinced of the expediency of establishing asylums for the reform of drunkards. He believed that inebriety was not a disease but a crime, and that the cure of the evil lay in moral influences and in legal punishments. He deprecated any classification of drunkards according to their social station, and urged that all should be treated impartially.

A letter from Dr. Godding, of Taunton, was read, favoring the treatment of inebriates in separate asylums, but insisting upon properly regulated, compulsory labor as an essential condition of the success of such asylums in the cure of drunkards; he also urged the necessity of long sentences in such institutions, if permanent benefit was to be had.

Dr. Woodward, of Worcester, said he had but little confidence in the permanent reform of drunkards. Inebriety, in his opinion, was a vice, not a disease, and as a vice it was better treated in penitential institutions than in asylums. If recovery from drunkenness is possible at all, it is so under the regular life and regimen of the house of correction. If commitments to the proposed asylums were compulsory, as they ought to be, such institutions would practically become penal, and would have no advantage over the existing workhouses.

After further discussion, in which Dr. Cogswell, of Bradford, Dr. Clough, of Woburn, and Dr. Bronson, of Attleboro', took part, the resolution offered by Dr. Russell was laid on the table.

After the oration, of which we have already given an abstract, the society went to dinner in the Music Hall, where Dr. Stone presided. Music was furnished by the Germania orchestra and by a glee club composed of members of the society. The chairman gave as the first sentiment "The President of the Massachusetts Medical Society, Benjamin E. Cotting, M. D., of Roxbury." Dr. Cotting said that the Massachusetts Medical Society was the offspring of necessity, coming into existence in a period of professional chaos, the like of which had hardly been equaled, and through all its poverty and struggles it had withstood the shock of nearly a century. Enrollment in its ranks gave to the practitioner a firmer establishment among his patients than the parchment of any college; from it had gone forth ideas which had reached the whole medical world. The young men must see to it that this organization shall be in the future, as it had been in the past, so great and honorable that when any one of its members should be challenged at home or abroad, he might say with pride, "I am a member of the Massachusetts Medical Society."

"Our Governor" was responded to by a letter from Surgeon-General Dale. Dr. Loring also spoke happily, saying that he felt almost like a stranger or a prodigal son returning to his father's house. When he was invited to be present, he said, he conceived that he should meet Warren the eloquent, Haywood the wise, and Ware the skillful and kind, but he looked around upon the assembled audience and found hardly a friend of former years. He had been asked by the editors of the Medical and Surgical Journal to prepare a paper on the profession in the Revolution, and in looking over authorities and documents for the work had discovered that, of fifty surgeons in the war, twenty were from Massachusetts, and six of those from the city of Boston. He spoke of the forms of practice so rude and primitive when he was a student, and so much advanced now, and spoke glowingly of the society for bringing about the result.

The Rev. Dr. E. B. Webb responded for the clergy, and spoke of the respect he felt for the medical profession. Quacks, he said, were its bane as well as of his own calling.

"Our Orator" brought out Dr. George H. Lyman. He spoke of the increasing number of charity patients in our hospitals. He said there were seventy-five thousand people in this city who did not pay their doctors anything for attendance. This ought not to be, for though there was no more liberal profession than that of medicine, there was none more imposed upon. This system bred poverty and indolence, and was very deleterious. Even if a small fee was charged, a large sum would be secured at the end of a year, which might be devoted to the benevolent society for the aid of families of indigent physicians.

"The Legal Fraternity" was responded to by R. M. Morse, Jr., who likened himself to the umbrella of Mathews, which he hung up for the audience to watch. He considered himself but a lay figure in the entertainment.

"The City of Boston" was responded to by Curtis Guild, with an allusion to the coming centennial and a tribute to Dr. Joseph Warren, the orator, the patriot, the soldier, and the physician. He gave, "The physician; he who so often presides at our exit from, and entrance upon, the stage of the world. We owe to his services as prompter in many acts of the drama of life the preservation of proper power for the faithful performance of our several parts."

"To those who will gather with us no more" was responded to by the chairman reading Integer Vitæ, while the audience was standing. "The Institute of Technology" was responded to by Professor Pickering. "The Young Men of our Profession" was responded to by Dr. J. Collins Warren, who spoke of the work done by young men in medical literature, and their efforts in behalf of the profession.

The exercises closed by the reading of a poem by the chairman in response to the sentiment, "Brothers, good-by."

THE MEDICAL PROFESSION IN MASSACHUSETTS DURING THE REVOLUTIONARY WAR.

Dr. Loring's valuable article on the Medical Profession in Massachusetts during the Revolutionary War has brought to our attention a number of interesting facts concerning the profession of that period. We are happy to add the following list to that already given, particularly as it contains names well known and honored in the community to-day.

Henry Adams, born at Roxbury, 1758; H. U. 1775; surgeon in continental army from 1777 till the close of the war.

David Cobb, born in 1748; died at Boston, 1830; H. U. 1766; was practicing medicine in Attleborough when the Revolution broke out; was the colleague of Robert Treat Paine, and a signer of the Declaration of Independence; lieutenant-colonel in 1777; aid-de-camp to General Washington in 1781, and a member of his family; brigadier-general by brevet when the war closed; judge of the court of common pleas in 1784; major-general of the Massachusetts militia from 1786 to 1793; speaker of the house from 1789 to 1793; then chosen a member of the third congress; senator from the eastern district in 1802; lieutenant-governor in 1809. He was a member of the American Academy of Arts and Sciences, of the Massachusetts Medical Society, and vice-president of the Massachusetts Society of the Cincinnati in 1810. Our present honored mayor, Samuel C. Cobb, is a grandson of the foregoing.

Andrew Craigie, was apothecary-general of the army for three years, and formerly owned the house where Professor Longfellow now lives. Craigie's bridge between Boston and East Cambridge was named for him.

James Edwards Burr Finley, surgeon of the fifteenth regiment.

Samuel Finley, surgeon of the fourteenth regiment.

Joseph Fiske, born in Lexington, 1752; appointed surgeon in 1777, and served for seven years; was at Burgoyne's and Cornwallis's surrenders; member of the Massachusetts Medical Society.

Francis Le Barron Goodwin, served as surgeon from 1777 till the close of the war.

De Zeeb Green, was one of four brothers at Bunker Hill; two were wounded; one, Major James, mortally. Dr. Green served till the end of the war.

John Hart, born at Ipswich in 1751; he was surgeon of Colonel Prescott's regiment in 1775 for a year, and afterwards of the second till disbanded at the close of the war.

John Homans, born in Dorchester in 1753; prepared for college at the Latin school, and graduated at Harvard in the class of 1772. He dressed the wounds of those injured at Bunker Hill, and was commissioned surgeon of the sixteenth regiment January 1, 1776, and served till 1781. He was present at Harlem and White Plains, and at the surrender of Burgoyne, and was one of the founders of the Cincinnati; after the war he practiced in Boston. His son, John Homans, was one of the leading practitioners of this city, and for two years president of the Massachusetts Medical Society. The name has been a prominent one in the profession from revolutionary times to the present day.

William Laughton, served from 1780 to 1783 as regimental surgeon.

Benjamin Jones Porter, born at Beverly, 1763; served as surgeon's mate from 1780 to 1783.

Joseph Prescott, surgeon's mate, was in the action at Ticonderoga and served for two years in Greene's army in the Carolinas.

Abijah Richardson, born 1752; studied at Harvard for two years, 1770-72; surgeon of the fifth regiment till 1781. He was captured by the enemy near Stony Point in 1779, and was for some time a prisoner on Long Island.

Daniel Shute, H. U. 1775; surgeon of fourth regiment in 1782; afterwards practiced in Hingham.

James Thacher, served as surgeon's mate and surgeon from July, 1775, till 1783; member of the American Academy and Massachusetts Medical Society; received the honorary degree of M. D. from Harvard University in 1810. His military journal kept during the Revolutionary War is a work of great value.

Thaddeus Thompson, a revolutionary surgeon, present at Trenton, Brandywine, Germantown, and Yorktown; died in 1819.

David Townsend, H. U. 1770; M. D. 1813; studied medicine under Dr. Joseph Warren, assisted the wounded at Bunker Hill, and served as surgeon till the disbanding of the army. In 1777 was appointed senior surgeon of the general hospital of the northern department. His son, Solomon Townsend, was one of the most capable surgeons who ever practiced in Boston.

Samuel Whitwell, studied medicine under Dr. James Lloyd, and served as surgeon throughout the war.

Robert Williams, fitted for college at the Latin school; graduated at Harvard, 1773; studied medicine under Dr. Warren, but disliked the practice of surgery and served in the war as ensign, paymaster, and first lieutenant.

Samuel Woodward, a graduate of Harvard, was surgeon of the fourth regiment. He served throughout the war.

MEDICAL NOTES.

— Dr. Harris Cowdrey died at Acton Centre on May 6th, in the seventy-third year of his age. He was born at South Reading, studied with the late Dr. Spalding of that place, and graduated at the Berkshire Medical School. He lived a most laborious and useful life, being an excellent practitioner. He was a religious man and a valuable citizen, taking an active part in the public affairs of his town.

— The recent meeting of the Maine Medical Association will be remembered as the one at which the first female member was elected. The honor was conferred on Dr. Sarah W. Devoll, of Portland. The annual address was delivered by Professor Mitchell, of Brunswick.

— A recent number of the *Lancet* gives an account of the use of twine hammocks for the transportation of invalids. They were used in the Ashantee campaign, and a short time ago a patient who had been under treatment in the Westminster Hospital for a severe burn was conveyed a considerable distance by railway in a hammock. It was slung in a parcel van, its points of suspension being nine feet apart, and the patient being placed in it with her feet towards the engine, was very safely and comfortably transported to her journey's end.

— We are requested to state that there is an error on page 290 of Vol. III. of Ziemssen's Cyclopædia of Medicine. Instead of "ounces" read "drachms."

— During the year 1874, says the *Lancet*, 141,411 births and 92,352 deaths were registered in Ireland. Of the latter, 12,473 are stated to have occurred from zymotic diseases, the most fatal of which was scarlet fever. There were 2707 inquests reported to the registrars. The tide of emigration from Ireland shows no signs of subsiding, 73,184 persons having gone abroad in the year.

— A case of poisoning from eating laburnum flowers is reported by Mr. Frank W. Porter in the *Medical Press and Circular*. The patient was a fine child three years old who, when first seen, three hours after eating the flowers, was apparently moribund: the pulse was imperceptible, the surface of the body cold, pupils dilated, the head rigidly thrown back, and the breathing stertorous; vomiting was freely taking place, but purging was absent. Fragments of the broken-down flowers were discovered in the vomited matter. The treatment consisted of the free use of ammonia with bark, the application of sinapisms to epigastrium and nape of neck; castor oil was also administered. As the vomiting had been profuse for two hours no emetic was given. The child recovered rapidly.

— Very touching ceremonies have lately taken place at Como over the remains of Volta. At three kilometres from that town a small chapel had been erected, designed to receive the remains of that celebrated philosopher, the inventor of the electric pile which bears his name. Thither his remains have recently been transported with great pomp, in the presence of a multitude of noted scientific men. Very many eulogies were pronounced.

— The young ladies of the flower mission are already active, and again the various hospitals are in receipt of abundant supplies of flowers.

— Dr. Snow, the City Physician and Registrar of Providence, remarks in his mortality report for the month of May: "During the past eight months, notwithstanding the great amount of the disease in New York, and in our immediate vicinity in the valley of the Blackstone, and in Warwick, we have had only three cases of small-pox in Providence. These cases all came from other places, and *neither of them gave rise to a second case.* One town in this State has expended several thousand dollars this year in the care and burial of small-pox patients. The simple interest on the amount expended this year, if used every year for judicious vaccination, would render so great a prevalence of the disease impossible."

— Information comes that an epidemic of rabies has broken out among the dogs in Finland. *L'Union Médicale* states that the epidemic appeared first at Vibourg, thence passed to Helsingfors, and has just reached as far as Kuopio. It is propagated not only by mad dogs, but by other animals that may have been bitten. The police of Vibourg, of Helsingfors, and of Kuopio have taken very energetic measures. At Helsingfors every dog found in the streets is taken in charge. If it wears no collar it is immediately killed, otherwise it is guarded for three days, and if at the end of that time no one claims it, it is likewise put to death. There is need of precautions that the epidemic may not extend to the parts of Finland which are near St. Petersburg. The epidemic has also broken out in Denmark where, since February, energetic measures have been taken to prevent its spread.

— Dr. J. B. Mattison, in the *Medical Record* of June 12, 1875, thus describes an "Easily Effectual Method of Artificial Respiration." It is a modification of that known as Byrd's method. The infant upon its back, firmly grasp the outer thigh, the index finger and thumb encircling, and the inner limb resting upon the forearm, while the little finger is extended as far as possible up the back to form a fulcrum with the corresponding finger of the opposite hand. In the hollow formed by the thumb and forefinger of the right hand, allow the neck of the infant to rest with the palm under the shoulders, and the little finger extending down the back to meet its fellow of the other hand. Now gently and regularly depress the vertex and inferior extremities as much as practicable below the horizontal, say forty-five degrees, thus facilitating inspiration, and, after a proper interval elevate them to the same extent, forming a concavity of the chest and thereby promoting expiration. Continue these movements without interruption, taking care to permit no impediment to the exit and entrance of air during the upward and downward movements of the head and chest, and also exercising caution against too much lateral motion of the head during its continuance. The conjoined use of a little cold water dashed occasionally on the epigastrium will tend to enhance the efficacy of this method; indeed, its employment not at all precludes the use of whatever auxiliary measures may be deemed advisable.

OPERATIONS AT THE CARNEY HOSPITAL DURING THE MONTH OF MAY, 1875.

AMONG the operations are the following: In the early part of the month a young man was brought in who had attempted suicide. He had placed the muzzle of a small pistol nearly over the meatus of the right ear and fired. On admission he was in a state of excitement, but submitted to etherization. The visiting surgeon, Dr. John Homans, found a portion of the bullet and considerable muddy powder in the meatus, the membrana tympani was blown away, and the interior of the petrous bone was bare and rough where the probe struck it; another wound, about a line or more posterior to the meatus, also entered the bone, but the rest of the bullet was not found. It is probable that the ball impinged upon the sharp edge of the osseous meatus and was split; a portion was found in the cavity of the meatus, and the remainder was imbedded in the petrous bone and had not injured the brain. On the morning after the injury the watch could be heard at a distance of two inches. In the course of a week the man had improved so much that he was sent away from the hospital with every prospect of recovery.

May 7, a sarcomatous tumor of the breast, with nodules scattered about in the skin, was removed. The existence of the tumor had been first noticed about six months before entrance. This patient recovered well. On the evening of May 9th, a woman forty-three years old was brought in with a large strangulated femoral hernia. She had been vomiting for seven days before entrance, and when brought to the hospital the vomiting was stercoraceous. The tumor was quite large; it was on the right side, parallel to Poupart's ligament, and extended from the pubes nearly to the anterior superior spine of the ilium. Efforts at reduction were unsuccessful, both before and after the use of the aspirator. Early next morning Dr. Homans operated; the skin was found to be adherent to the sac, the sac to the intestine, and the folds of intestine to each other. After considerable manipulation and the ligature of a small portion of omentum the hernia was returned. The vomiting ceased, but the patient died on the third day. There was no autopsy. On May 10th the dislocated shoulder of a woman said to be one hundred and five years old was reduced easily without ether. May 23d, a tumor about the size of a hen's egg, and which proved to be the right lobe of the thyroid gland, was removed by Dr.

Homans from the neck of an Italian woman about thirty years old. The tumor had been growing for fifteen years. Before the operation, all who had examined the tumor were agreed that it was a thin-walled cyst containing fluid, but it proved to be solid, and was described by Dr. Cutler as being identical in structure with the thyroid gland.

In addition to these operations by the attending surgeons, the following operations were performed by Dr. Hasket Derby on private patients boarding in the hospital, namely, peritomy, paracentesis of cornea, abscess of lachrymal sac, extraction of senile cataract, iridectomy for irido-choroiditis, one operation for convergent strabismus, and two iridectomies for glaucoma.

It may not be generally known to the profession that any physician in good standing may send patients to the private rooms of the hospital and attend them as if at a hotel. The price of rooms varies from twenty to thirty dollars a week, and the attending physician would charge his regular fees for his services. If patients enter the wards of the hospital they come, of course, under the care of the attending physician or surgeon.

LETTER FROM PARIS.

Messrs. Editors, — The question which more than any other seems to be in continual agitation here is that concerning the administration of ether and chloroform. An old Spanish proberb says that "the tongue touches the aching tooth," and there certainly must be something about chloroform that aches and stings, else they would not be so continually rubbing and touching about the safety of its exhibition. Some two or three weeks since I was present at a clinique given by M. St. Germain at the Hôpital des Enfants Malades. M. St. Germain, who is a comfortable, easy-going gentleman, said that he held in his hand a pamphlet of remarkable excellence, namely, "Le Chloroform dans la Chirurgie des Enfants," by Dr. Albert Bergeron. This served as a text for M. St. Germain, and he gave us a learned lecture on the administration of ether, chloroform, and nitrous-oxide. "Of ether," M. St. Germain said, "but a few words will be necessary." He had seen it given according to the American method, and the patient became blue and livid, in point of fact, asphyxiated; thus he felt justified in rejecting ether and would give his vote for chloroform. Of the latter he would say that he had seen some fatal cases in the service of some very eminent surgeons at Paris. Notably a case of dislocation of the hip, when the reduction by flexion and rotation was most skillfully accomplished, but the patient was found to be dead. These fatal effects of chloroform, M. St. Germain thought, were not to be attributed entirely to chloroform, but to several other things. Firstly, to an impurity of the article used; thus he would warn us, when we had used chloroform once successfully, to be sure to have the very same manufacture the next time, and so on. Secondly, to the carelessness of *internes*, who would crane over to see what the surgeon was about, thus neglecting the patient. Thirdly, to a peculiar state of things in the region of the medulla oblongata. A state of things "fâcheuse," no doubt, "extrêmement fâcheuse," but which could not be foreseen. As to children, chloroform was almost universally successfully employed. Truly M. Bergeron had alluded in his pamphlet to the four cases which had proved fatal, when chloroform had been given in the surgery of children; but M. Bergeron had declared that these four cases were not sheltered from criticism, inasmuch as considerable hæmorrhages had been noted with three, and the fourth had recovered after the use of faradization. Of the fifth, who had died after chloroform had been given, just at the moment when a catheter entered the bladder, M. Bergeron victoriously pointed out the fact that there had been no autopsy. But notwithstanding that M. Bergeron has declared chloroform to be so eminently safe with children, he has pointed out the cases in which it must be forbidden; these are; 1st, With anæmic children. 2d, With children who have lost much blood. 3d, In all operations within the mouth. If the child under this preëminently safe anæsthetic comes to die, then flagellation, cold water, artificial respiration, electricity, etc. M. Bergeron speaks with some reserve of faradization of the phrenic nerves, as le docteur with a name compounded of three sneezes and a laugh, living in Germany, had recently announced that contraction of the diaphragm did not necessarily result from its practice. M. St. Germain alluded to a fact which he himself had observed, although he did not claim priority of observation, that at the period during the administration of chloroform when insensibility to pain was sufficient to allow of operation the pupil of the eye became contracted; that should the effect of chloroform pass off, or should vomiting occur, dilatation immediately succeeded. Hence, one now sees in all the Parisian hospitals the aids busily watching the iris, keeping it at the exact point between too great contraction and dilatation. I have seen somewhere, lately, an *exposé* of the cause of this contraction, but cannot at this moment lay my hand on it. M. St. Germain then told us of the mémoire of M. Forné presented to the Societé de Chirurgie under the title Contribution in regard to Surgical Anæsthesia, en deux temps. The method of M. Forné consists in this. First time (downward beat), to make the patient take a single dose of chloral from thirty to seventy-five grains. Wait until the patient is asleep. Second time (upward beat), give the chloroform. It usually takes an hour to get the patient asleep with the chloral (loc. cit.); the advantage consists in the small amount of chloroform required, thus making it a safer plan. Secondly, the persons asleep are not frightened by the chloroform. (Il va sans dire.) The plan no doubt has its advantages, said M. St. Germain, but I should hesitate to give such doses of chloral. M. Dolbeau has remarked another inconvenience, namely, the truly frightful coldness of patients who are chloroformed after taking chloral. M. St. Germain then touched lightly on the employment of chloroform in regard to perpetration of crimes by its use. M. Dolbeau had instituted very curious experiments in this matter. It had resulted from facts observed at Hospital Beaujon, that when one approached an adult already plunged in a natural sleep with a compress saturated with chloroform, the vapors which exhaled therefrom caused an abrupt awakening, mingled with agitation and convulsions. With children this is different. When asleep the cautious exhibition of chloroform causes no awakening. These facts are then of some importance in legal medicine. Here M. St. Germain finished, and his auditors ran home in haste for the half-past eleven déjeuner.

But it was at the meeting of the Societé de Chirurgie on the 3d of March last that ether and the American method came in for a shower of hard blows. M. Girard-Tenlon, since a serious accident brought about by chloroform, exclusively employed ether, which he had administered accordingly to *la methode Americaine*, in a manner to produce sideration of the patient. This method consisted in pouring on a compress from three to four ounces of ether, and preventing all access of air. M. Perrin raised himself against calling this by the title of American. It was nothing else than the method of Bennet of Lyons. This surgeon turned on ether in floods, and foudroyait ses malades. But it appeared that there had been two deaths at Lyons from this method. M. Dupluy said that "in regard to ether, the Americans had special persons to administer it, and that it was only when the patients were etherized that they were carried into the operating theatre. Your correspondent thought proper, in a letter to M. Marc Sée, the annual secretary, to protest against these statements being received as true, but has received no reply as yet. The weather here is charming to-day, but has been very variable; heats and cold, and as a consequence, *rhumes* (colds), and coughs, abound. Of Paris the poet might have truly sung,

> "Here the first noses of the spring shall blow."

W. C. B. Fifield.

Paris, *April* 24, 1875.

THE DANGERS OF SUMMER RESORTS.

Messrs. Editors, — The community is at present both shocked and alarmed at the spirit of violence which is abroad. The already long list of deeds of horror is being constantly swelled by fresh acts which vie in atrocity with those which have preceded. In too many of these cases will the guilty person escape the punishment due him, and it will, I believe, become a subject of serious reflection whether sufficient value is put upon the prevention of crime, and whether too much dependence is not put upon the separation of the convicted from society at large.

But there is a class of persons in the community who openly invite men, women, and children into their houses, where they are maimed and killed in considerable numbers, and who are not subject to the surveillance of the police and do not fear punishment. I admit that there is a difficulty in meting out punishment to these individuals, by reason of the inability to prove intention and malice. In the majority of cases, also, the party, if accused, would plead that he was not aware even that any deadly weapon was on the premises, or that he did not know it to be loaded. In some cases, also, he would insist that it was quite impossible that the injuries could have been inflicted in or about the house, because, of the many occupants thereof, not one heard any explosion; it being forgotten that air-guns kill at short range quite as effectually as guns charged with powder. Now I propose that the law take cognizance of these individuals, and prevent them from being the willing or the unwilling agencies of death, by means of some police force, which shall search their premises and shall require them to destroy the weapons referred to if they are found thereon. If it is insisted that the weapons are not kept loaded, it shall be demonstrated that they are generally loaded, nevertheless; that they are of such a nature as to be loaded unwittingly by the occupants of the houses themselves, and that the maiming and killing of the victims take place without any explosion whatever. The immediate removal of the instruments from the premises shall then be insisted on.

To make my meaning perfectly clear, I propose that the law, through State Boards of Health or some other arbitrary power, thoroughly examine the premises of all persons who receive boarders or lodgers, and see if that dangerous weapon, imperfect drainage, — always loaded and at full-cock, — exist thereon, and if found, that its removal be at once required.

My thoughts are at present more particularly directed to the summer resorts. The annual exodus from the city to the country will soon commence. In nine cases out of ten these places, whether they be large hotels or farmers' boarding-houses, are provided with insufficient drainage or with no drainage at all. Out of the thousands who will leave our city well, for the most part, except for the fatigue incident to the winter's work or pleasure, scores will fall ill and some will die from the effect of the poison arising from decomposing waste-material. Now, I insist that the only proper way of remedying the evil is that which I have mentioned. It is certainly not a proper way to allow the matter to be remedied gradually at the expense of human lives. There is no doubt that when all the resorts have had their victims, as at the hotel at Mt. Desert, the nuisance will be righted; but, I repeat, this is not the proper method. Moreover, few if any of the hosts know what constitutes proper drainage, and guests know quite as little what should be the chief point inquired about when seeking a summer residence. Many of the latter rely upon the advertisements in the newspapers of the day, which now contain notices of the resorts in considerable numbers. They all read alike: " Fine prospect; beautiful drives; good table," etc., but not a word about the absence of disease and death beneath the windows of the sleeping apartments. But I am mistaken. I did see, a few weeks ago, an advertisement in which were the cheering words, "good drainage." A slight suspicion that the proprietor of the establishment might not know what constitutes good drainage induced me to write him a note something like the following: —

DEAR SIR, — I notice an advertisement, etc., in which it is stated that your establishment has good drainage. Will you be kind enough to write me whither the waste water of the house is conveyed; whether, for instance, into a cess-pool on the premises, or into a running stream; and whether by means of closed pipes under ground or of open troughs above ground. Also, whence you obtain your drinking water; whether from springs in the neighborhood or from a well on the premises. And, if a cess-pool is used and the drinking water is drawn from a well, what the distance is between the two receptacles.

Very truly.

Up to the present time of writing, some four weeks, — the distance of the hotel from Boston being about two hundred miles, — no answer to this note has been received. The probability is that the proprietor is shrewd enough to see that his answer would not satisfy me. The chances are, also, that he has a leaky hogshead for a cess-pool, placed in the immediate neighborhood of his well.

Until the civil authorities take proper action to remedy the evil here referred to, it is the duty of physicians to warn the families under their charge of the danger they may encounter at these summer resorts. Let them be advised to insist upon detailed answers to set inquiries regarding the drainage; as, "Where is the waste water deposited?" and "Whence do you obtain the drinking water?" Inquiries about the table are important, but of secondary importance. Fried beef-steak is unpalatable, but the inhaling of gases from decomposed albuminous material, or the drinking of water impregnated with such material, implies disease and sometimes death. —— ——

Boston, *June 2d.*

PRELIMINARY MEDICAL EDUCATION.

Messrs. Editors, — The announcement of additional requisites for admission to the Medical School of Harvard University reminds the writer of your request for an account of the efforts made in the Cornell University to offer an instruction and training especially adapted to the needs of those intending to pursue a medical course.

The need for such a preliminary course has been well stated by Huxley, and is, indeed, self-evident; to none more clearly than to members of our profession. And when Harvard's example has been followed by the other schools, as it must be within a very few years, we shall look back with amazement to the time when health and life were intrusted to some who began their medical studies without a proper English education, who might easily take *gramme* as a misprint for *grain*, who heard lectures upon surgery without any knowledge of anatomy, and upon therapeutics while ignorant of physiology, and who, at the end of an abbreviated three years (at least one of which was consumed in "learning how to learn"), obtained a degree partly by "cramming" and partly through the superficial verbal examination of the large number of candidates which the reputation of the school made it desirable to graduate.

The opportunity of amending this condition of things was furnished in the Cornell University by two of the "special features" upon which its president has laid much stress.

1. *Absolute liberty in the choice of studies.* 2. *The prominence given to the natural sciences, and especially physiology.* This study has from the beginning been pursued by all students (with few exceptions) during the first term of the first year; chiefly upon the ground that since the habits of life then formed are apt to endure, the student should as soon as possible be given the data upon which hygienic considerations are based. That "Freshmen" are quite capable of receiving such instruction is shown by the large proportion who pass an examination differing very little from that of the medical schools.

The writer has spoken of physiology as the study with which he has had most to do, and because it is naturally prominent in any scheme for preliminary medical education. But a glance at the course which is "recommended for those intending to become physicians or naturalists" shows that scarcely less value is attached to other sciences and to the languages.

An important feature of the course is the large amount of *laboratory practice.* (The actual time so spent is at least three hours for each hour as stated upon the programme in the Register.) All learn to identify tissues under the microscope, to dissect, and to make notes and drawings of their observations. Similar work is done in botany, geology, and chemistry.

Most of those who take the full course of four years are intending to be naturalists, but there are always several who remain for one, two, or three years, and then enter the medical schools. So far as has been ascertained, their progress therein has justified the expectation based upon the extent of their preliminary training.

It has been more than once proposed to establish a medical department connected with the university. The writer hopes for this only upon condition that an endowment can be secured sufficient to render the school independent of the number of its students or graduates, and enable it to either lengthen its course of study to four or five years, and so raise the standard for graduation, or require for admission to the school an examination covering one or two years of a course like that above described.

The last four years' experience has shown that Harvard was right in "radically changing the plan of medical study" so as to introduce a natural and orderly sequence. The step just taken may temporarily lessen attendance, but the loss in number must be more than compensated by the improved quality, and there can be no doubt that in the end the school will gain in all respects.

B. G. W.

ITHACA, N. Y., *April* 24, 1875.

WEEKLY BULLETIN OF PREVALENT DISEASES.

THE following is a bulletin of the diseases prevalent in Massachusetts during the week ending June 19, 1875, compiled under the authority of the State Board of Health from the returns of physicians representing all sections of the State: —

In Berkshire, rheumatism, scarlatina, and typhoid fever are reported.

In the Connecticut Valley, rheumatism, whooping-cough, and pneumonia prevail. Reports of small-pox come from East Hampton and Huntington.

In Worcester County, rheumatism, measles, and diarrhœa are prevalent.

In the Northeastern counties, diphtheria and scarlatina have increased. Dysentery is also more prevalent.

In the Metropolitan section, bronchitis, diarrhœa, rheumatism, and scarlatina prevail. Cholera morbus and cholera infantum begin to be reported.

In the Southeastern counties, measles and rheumatism continue; all other acute diseases have subsided.

In the State at large, measles and diarrhœa have increased in prevalence, but there is a general abatement of acute diseases.

F. W. Draper, M. D., Registrar.

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COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING JUNE 12, 1875.

	Estimated Population.	Total Mortality for the Week.	Annual Death-rate per 1000 during Week.
New York	1,040,000	496	25
Philadelphia	775,000		
Brooklyn	450,000	168	19
Boston	350,000	131	19
Providence	100,000	33	17
Worcester	50,000	16	17
Lowell	50,000	20	21
Cambridge	44,000	20	24
Fall River	34,200	16	24
Lawrence	33,000	11	17
Springfield	33,000	12	18
Lynn	28,000	6	11
Salem	26,000	13	26

Books and Pamphlets Received. — Relation of Ophthalmology to Practical Medicine. By Wm. Thomson, M. D. Philadelphia: Lippincott & Co. 1875.

Analysis of One Thousand Cases of Skin Disease. By L. Duncan Bulkley, M. D. (Reprinted from the American Practitioner.) 1875.

Cyclopædia of the Practice of Medicine. Edited by Dr. H. von Ziemssen. Vol. III. Chronic Infectious Diseases. Albert H. Buck, M. D., Editor of American Edition. New York: Wm. Wood & Co. 1875. (From H. D. Brown & Co., Boston.)

Annual Address before the Society of the Alumni of the Medical Department of the University of Pennsylvania. By C. C. Comegys, M. D. 1875. Pp. 79.

Eleventh Annual Report of the Overseers of the Poor of the City of Boston. 1875. Pp. 53.

Bad Health: its Physical and Moral Causes in American Women. By James E. Reeves, M. D., Wheeling, West Virginia. (Read before the American Public Health Association.) Wheeling, 1875. Pp. 43.

Cincinnati Industrial Exposition. 1875. Rates and Premium List. Pp. 60.

Report of the Board of Commissioners Fifth Cincinnati Industrial Exposition, 1874. Cincinnati, 1875. Pp. 341.

Anæsthesia and Anæsthetics. By T. W. Trades, Sedalia, Mo. (Reprinted from the Transactions of the Medical Association of the State of Missouri.) 1875. Pp. 16.

Military Appointment. — Dr. David Dana of Lawrence, appointed Surgeon of the Second Battalion of Artillery, M. V. M., vice Seyffarth deceased, passed a successful examination before the Board of Medical Officers, M. V. M., June 12th, 1875.

Edward J. Forster,
Surgeon Fifth Regiment of Infantry, M. V. M., Recorder of Board.

Messrs. Editors, — In my letter to your paper last week a *lapsus pennæ* of my transcriber has put General Howe's name in place of General Clinton. Your readers probably, however, made the mental correction.

Respectfully yours, John Jeffries.

15 Chestnut St., Boston, *June* 16, 1875.